

Mrs Louella Marshall Barsley

Died at *Oakdale*

Town

County

Montgomery

MARYLAND

Date *1890* *Dec.* *5* Y. *46* M. *46* D. *46* Native of *Va.* Occupation *Housewife*

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband of *Charles*

Barsley

~~Wife~~ Father's

Mother's

Name

Name

Cause of { Primary *Gastric Carcinoma* How long sick *4 or 5 mos.*
Death { Immediate *Exhaustion* ~~Accident, Suicide, Homicide~~

Reported by

Dr. W. F. Green,

Address

Brookville
Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

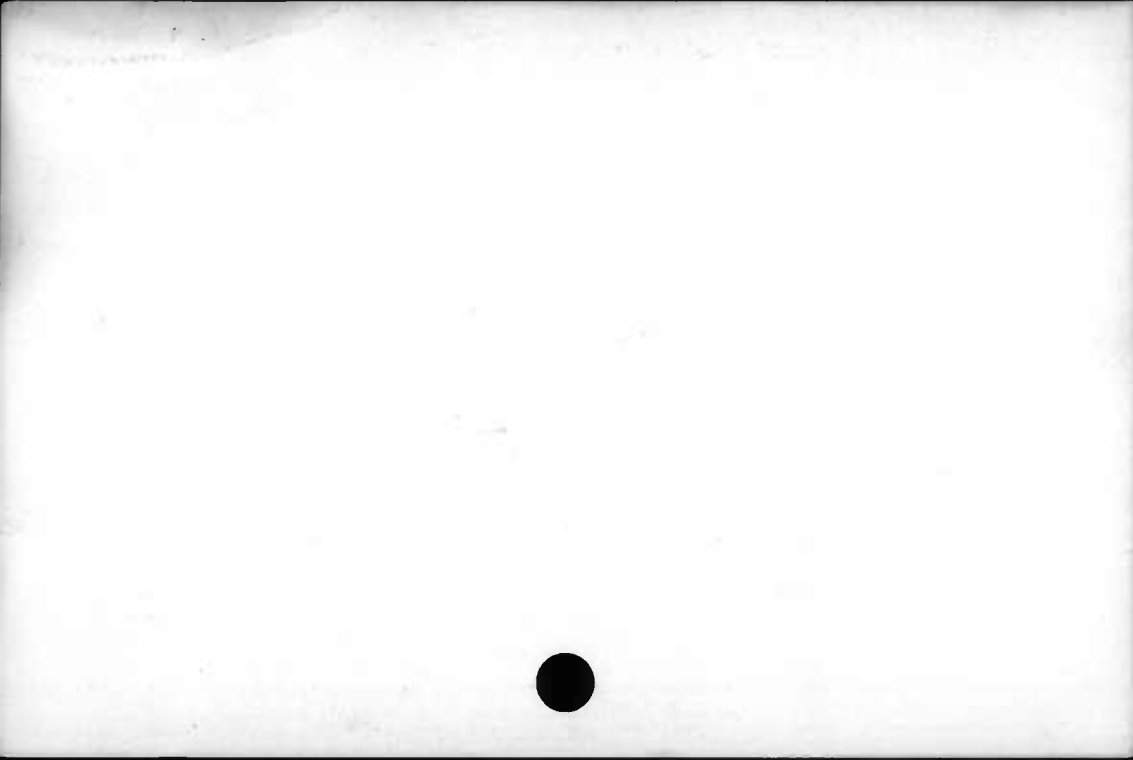
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Effieida Billows</i>		Town <i>Good Hope</i>		County <i>Montgomery</i>		MARYLAND					
Died at <i>Good Hope</i>		Month <i>Dec</i>		Day <i>14</i>		Years <i>15</i>		Months <i>10</i>		Days <i>25</i>	
Date of death 1903		Month <i>Dec</i>		Day <i>14</i>		Years <i>15</i>		Months <i>10</i>		Days <i>25</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Ind</i>							
Married, Single or Widowed <input checked="" type="checkbox"/>				Occupation							
Name of Wife or Husband											
Father's Name <i>Bud Billows</i>						Father's Birthplace <i>Ind</i>					
Mother's Maiden Name						Mother's Birthplace					
Name of person giving information <i>Love Braxton</i>						How related to deceased <i>Uncle</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. R. Butner</i>	
		Address <i>Spencerville Ind</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

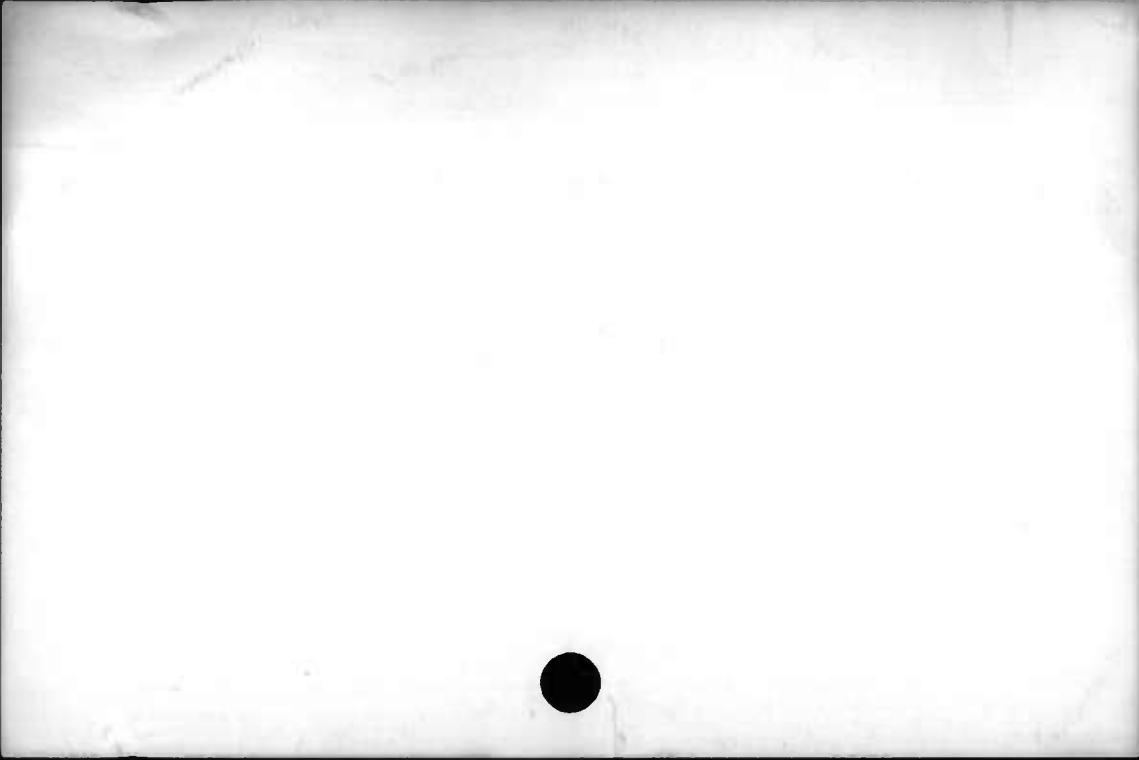
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Butler</i> Town <i>Potomac</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>12</i>	Day <i>19</i>	Age <i>33</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Montgomery Md</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	Name of Wife or Husband <i>Richard L. Butler</i>				
Father's Name <i>Bruner</i>	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace <i>27.</i>				
Name of person giving Information <i>Mother</i>	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>18 mo</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>so far as I personally know filled them and</i>	Signature of Physician <i>O. M. Linthicum M.D.</i>
	Address <i>Rockville Md</i>
Accident or Suicide?	



Name
in
Full

Eldredge Sylvester Carroll

CERTIFICATE OF DEATH

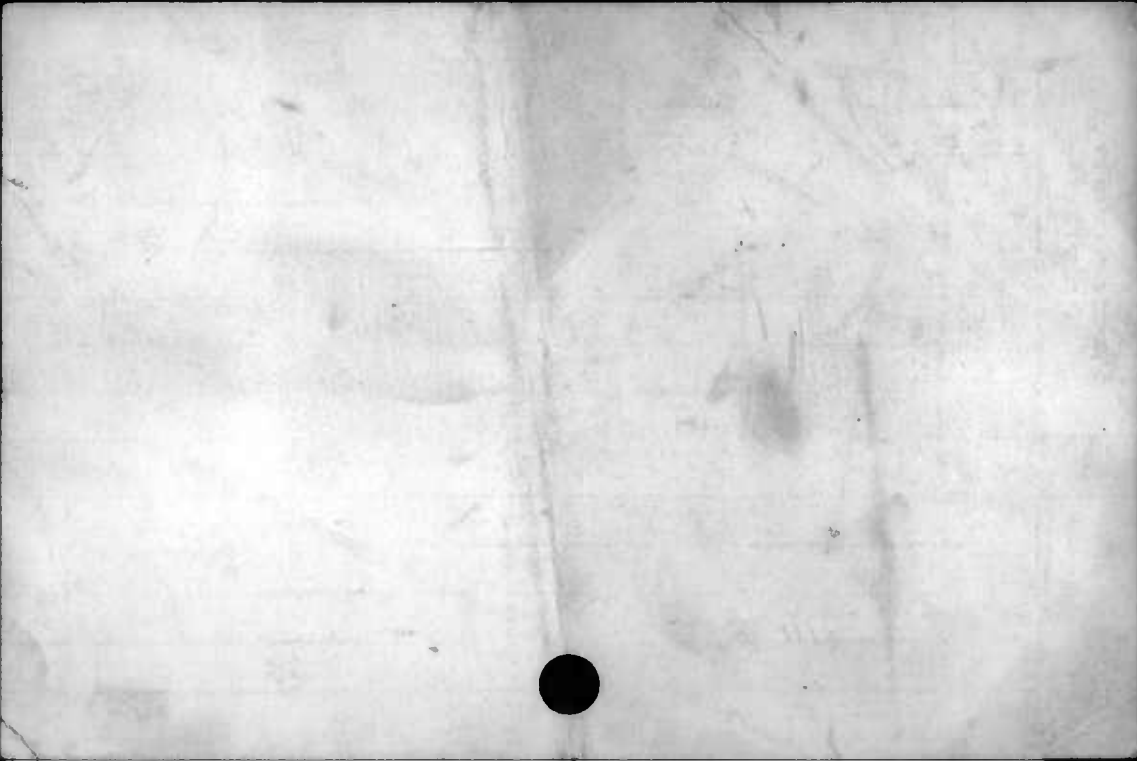
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pickville</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	<i>December</i> ^{Month}	<i>4th</i> ^{Day}	Age <i>/</i> ^{Years}	<i>8</i> ^{Months}	<i>21</i> ^{Days}
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Pickville, Md.</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married , Single			Name of Wife or Husband <i>—</i>		
Father's Name <i>Henry Carroll</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Florence Hayes</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving Information <i>Henry Carroll</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Capillary Bronchitis</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>George E. Lewis, M.D.</i>
	Address <i>Pickville, Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Martha A. Chick.

CERTIFICATE OF DEATH

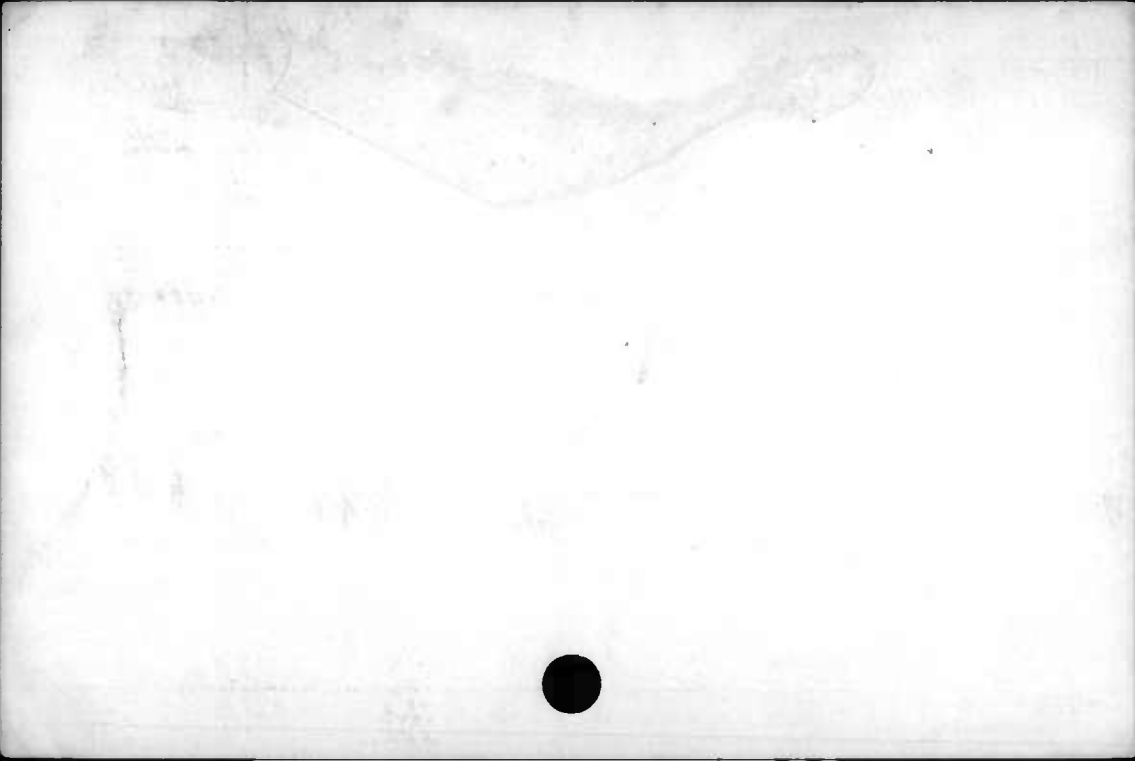
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Potomac		County Montg.		MARYLAND	
Date of death 190	3	Month Dec	Day 10	Age Years	68	Months	X
Sex	Female		Color or Race	White		Birth- place	Montg. Co. Md
Married, Single or Widowed	Married			Occupation			Housewife
Name of Wife or Husband				Henry H. Chick.			
Father's Name				Levi Pennifil		Father's Birthplace	
Mother's Maiden Name				Margaret Hill.		Mother's Birthplace	
Name of person giving In formation				Henry H. Chick.		How related to deceased	
						Husband.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	La Grippe	How long	7 days
Immediate	Pneumonia	How long	8 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		N. J. Pratt M.D.	
		Address	
		Potomac, Md.	
Accident or Suicide?		X	



Name in Full

Certificate of Death

Greenbury Chesville

Town

County

MARYLAND

Died at

Poolesville

Montgomery

Month Day

Y. M. D.

Native of

Occupation

Date 19 03

Dec 27

Age 54 10 19

Md

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

7

Husband of

Lucia Lyons

Wife

Father's

Name

George Chesville

Mother's

Maiden Name

Leah Griffith

Cause of

Primary

How long sick

Death

Immediate

Maternal Dilation

Accident, Suicide, Homicide

Reported by

J. S. Park

Address

Poolesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Elsie Beulah Snowden Cooke

Town

County

Died at

Norbeck

Montgomery

MARYLAND

Date

1903

Month

12

Day

1

Y.

M.

D.

Native of

Occupation

Age

8 4

~~Male~~~~White~~~~Married~~~~Widow~~

Divorced

Female

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Charles Cook

Mother's

Name

Elsie Snowden

Cause of

Primary

Pneumonia

How long sick

12 days

Death

Immediate

Convulsion

Accident, Suicide, Homicide

Reported by

Roger Cook

Address

Sandy Spring Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



0/70/13

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John C. L. Cremer

Town *Green* County *Montgomery*

Died at *Green*

Date of death 190*3* Month *Dec* Day *15* Age *79* Years *0* Months *X* Days *X*

Sex *Male* Color or Race *White* Birth-place *Montgomery Co. Md.*

Married, Single or Widowed *Widowed* Occupation *Farmer*

Name of Wife or Husband *Nancy Selby*

Father's Name *John Cremer* Father's Birthplace *Carroll Co.*

Mother's Maiden Name *Eliza Harry* Mother's Birthplace *Montgomery Co.*

Name of person giving information *Reuben C. Cremer* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Bright's Disease* How long *2 years*

Immediate *Uremia* How long *9 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. J. Patterson* Address *Polkville Md.*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Rocky Hill</u> Town <u>Montgomery</u> County			
Date of death <u>1908</u>	<u>12</u> Month <u>6</u> Day	Age <u>47</u> Years	Months <u> </u> Days <u> </u>
Sex <u>Male</u>	Color or Race <u>Negro</u>	Birth-place <u>F.C.</u>	
Occupation <u>School Teacher</u>	Where Residing if not at place of death <u> </u>		
Married, <u>Single</u> or <u>Widowed</u>	Name of Wife or Husband <u> </u>		
Father's Name <u> </u>	Father's Birthplace <u> </u>		
Mother's Maiden Name <u> </u>	Mother's Birthplace <u> </u>		
Name of person giving Information <u>M.D.</u>	How related to deceased <u> </u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia Pulmonalis</u>	How long <u>12 Mos.</u>
Immediate <u>Asphyxia</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>U. D. House M.D.</u>
	Address <u>Danversville Md.</u>
Accident or Suicide? <u> </u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Annie Fenwick

Town

Hoodie

County

Montgomery

MARYLAND

Date

of death 1903

Month

Dec

Day

9

Age

Years

86

Months

11

Days

Sex

Female

Color or
Race

White

Birth-
place

Md

Married, Single
or Widowed

The Dowry

Occupation

Housewife

Name of Wife or
Husband

Jas. Fenwick

Father's
Name

Samuel Clements

Father's
Birthplace

Md.

Mother's
Maiden Name

Elizabeth Gardiner

Mother's
Birthplace

"

Name of person giving
in formation

Agnes Fenwick

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Capillary Bronchitis

How long

5 days

Immediate

Syncope

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H. S. Brown M.D.

Address

Burnt Mill

Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Suzanne B. Gaither

CERTIFICATE OF DEATH

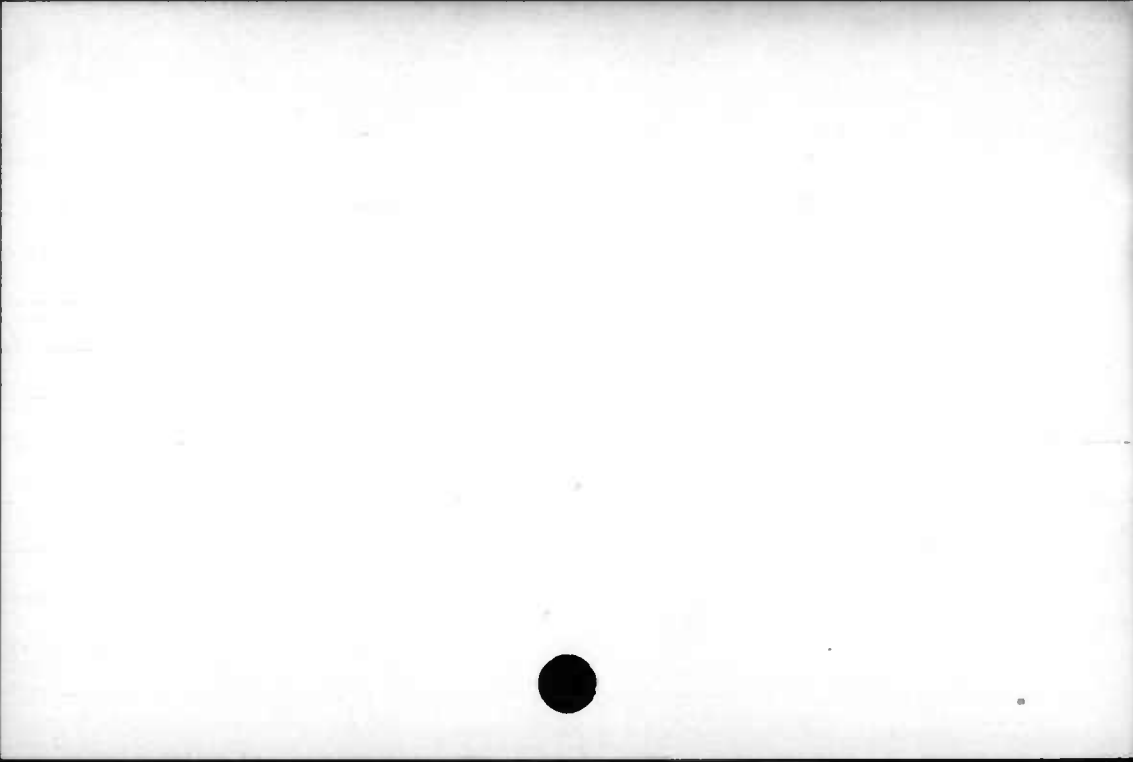
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Near Redland</i> ^{County} <i>Montgomery</i>		MARYLAND			
Date of death 190 <i>3</i>	Month <i>Dec.</i>	Day <i>15</i>	Age <i>72</i>	Months <i>10</i>	Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Bladensburg</i>			
Married, Single or Widowed <i>Widow</i>	Occupation <i>Retired</i>				
Name of Wife or Husband <i>James B. Gaither</i>					
Father's Name <i>Thomas Baldwin</i>	Father's Birthplace <i>Bladensburg</i>				
Mother's Maiden Name <i>Lucy</i>	Mother's Birthplace <i>Bladensburg</i>				
Name of person giving information <i>Grand Daughter</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastritis</i>	How long <i>4 or 3 days</i>
Immediate <i>Pneumonia</i>	How long <i>4 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. C. Echison</i>
	Address <i>Gaithersburg, Md.</i>
Accident or Suicide?	



Name
in
Full

Charles Franklin Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Olney</i>		Town <i>Olney</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Dec.</i>	Day <i>13</i>	th	Age <i>—</i>	Years <i>—</i>	Months <i>Two</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Montg. Co. Md.</i>			
Occupation <i>—</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband					
Father's Name <i>John Henry Francis Green</i>				Father's Birthplace <i>Frederick Co. Md.</i>			
Mother's Maiden Name <i>Mary Elizabeth Keeney</i>				Mother's Birthplace <i>Frederick Co. Md.</i>			
Name of person giving information <i>John H. F. Green</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>Four days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Bless. Farguhar.</i>
	Address <i>Olney, Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Died at *Brown E. Hall*
 Town *Realville* County *Montgomery* MARYLAND

Date 19*U.S.* *12* / *15* / *15* Age *23-10-15* Native of *Real* Occupation *Lab*
 Male *White* Married *Widow* Divorced *Female* *Colored* Single *Widower* Number of children living *—*

Husband
of
Wife

Father's Name *Naer Hall* Mother's Maiden Name

Cause of Death { Primary *Tuberculosis*
 Immediate

How long sick

1 yr

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

True Copy

Name in Full

Certificate of Death

Clara Hall

Died at ^{Town} Polesville ^{County} Montgomery MARYLAND

Date 1903 Dec 20 Age 14 Y. M. D. 6 Native of Md Occupation Nov

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Arthur Hall Mother's Maiden Name Ida Lyles

Cause of Death Primary Pulmonary Tuberculosis Immediate

How long sick over year

Accident, Suicide, Homicide

Reported by R.W. Walling

Address Polesville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Barrie Hicken (Jenkins) Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
1:30 pm		Rockville		Montgomery			
Date of death	1903	Month	December	Day	27	Age	56
				Years	4	Months	0
Sex	female		Color or Race	white		Birth-place	Williamstowne
Occupation	writer		Where Residing if not at place of death		Washington, D.C.		
Married, Single or Widowed	married		Name of wife Husband	Lillian W. Harris			
Father's Name	Robert A. Jenkins					Father's Birthplace	Granville Co.
Mother's Maiden Name	Elizabeth Hicks					Mother's Birthplace	D.C. Greenville Co.
Name of person giving information	Husband					How related to deceased	D.C.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Injury sustained by a fall		How long
Immediate	Uremic Convulsion		How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician
			Address
			1507 Washington
			D.C.
Accident or Suicide?			



Name
in
Full

Herman

CERTIFICATE OF DEATH

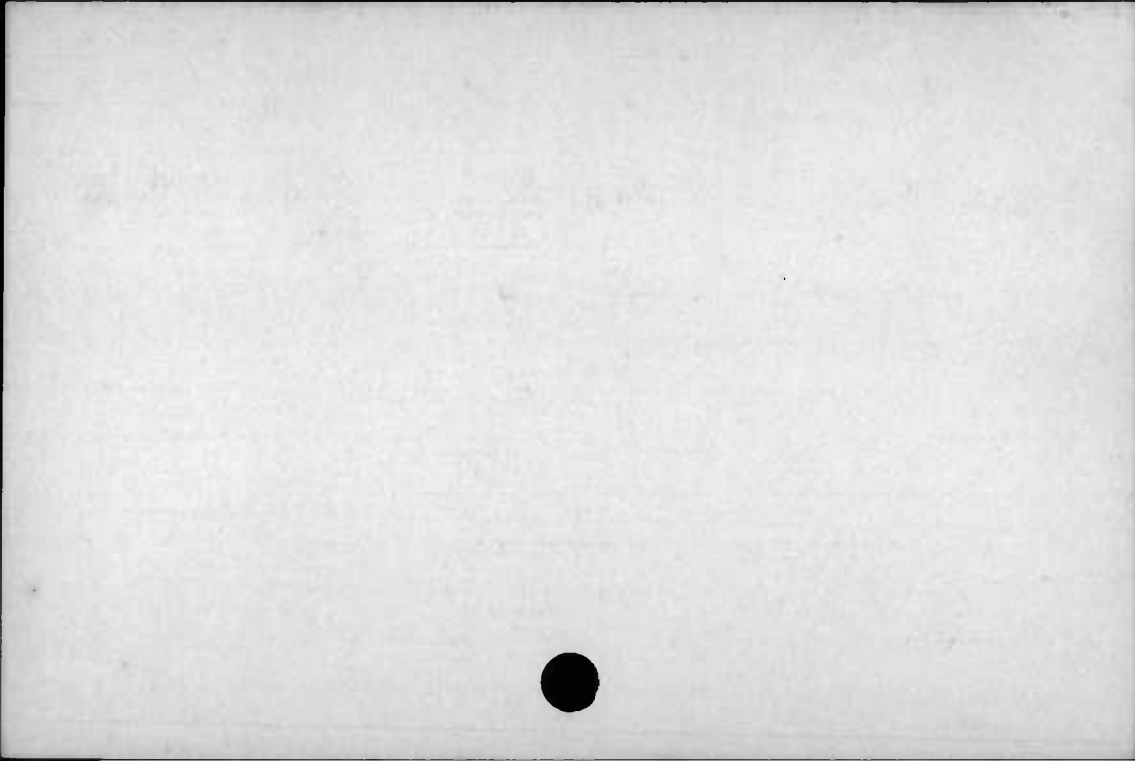
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beau Port</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	<i>1903</i> ^{Month}	<i>December</i> ^{Day}	<i>22</i> ^{Years}	<i>1</i> ^{Months}	<i>2</i> ^{Days}
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>None</i>		Birth-place	<i>Maryland</i>	
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband		
Father's Name <i>John Harman</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mamie Butt</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Mamie Harman</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Improper food</i>	How long	<i>14 months</i>
Immediate	<i>Malnutrition</i>	How long	<i>14 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edward Anderson M.D.</i>	
		Address <i>Rockville, Md.</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

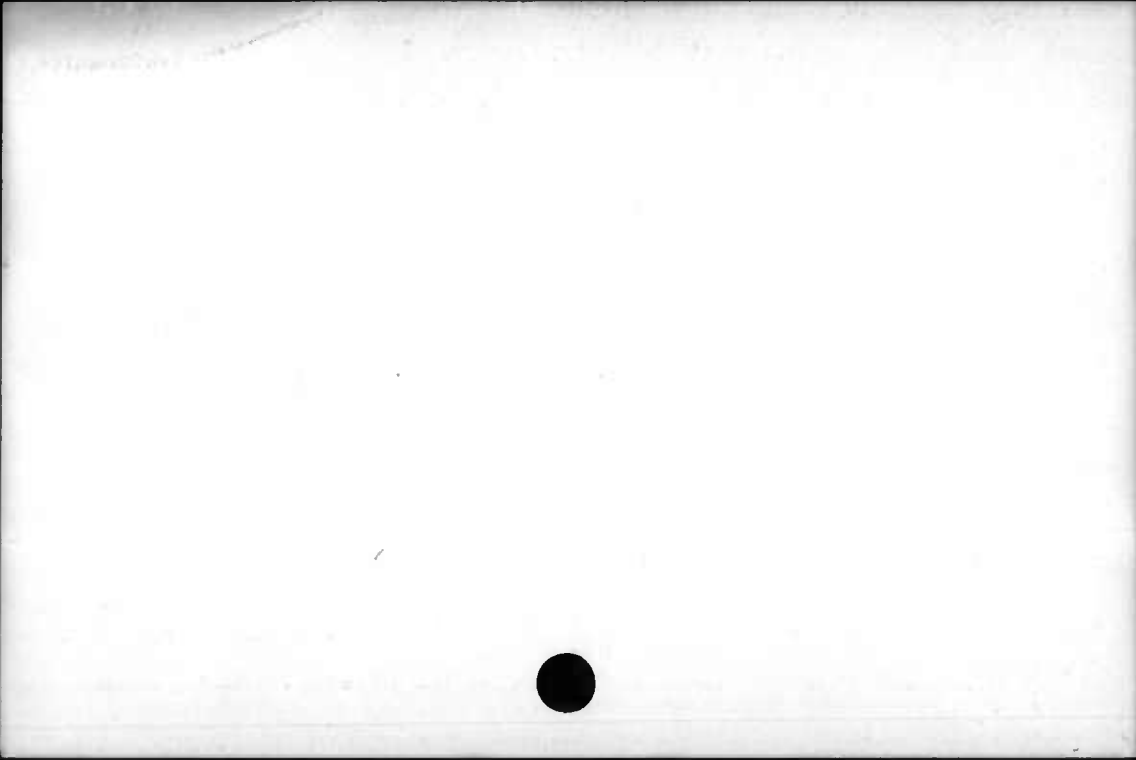
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elizabethtown</i> Town		<i>Hopkins</i> County		MARYLAND	
Date of death 1903	Month <i>Dec.</i>	Day <i>10</i>	Age <i>50</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Married, Sing. or Widowed			Occupation <i>housewife</i>		
Name of Wife or Husband <i>Jeff Hopkins</i>					
Father's Name <i>Joseph Harding</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer</i>	How long <i>12 years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. R. Patton</i>
	Address <i>Spencerville</i>
	<i>md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John C. Jackson		Town Potomac		County Montgomery		State MARYLAND	
Date of death 190 3		Month Dec		Day 14		Age 19	
Sex Male		Color or Race Negro		Birth-place Virginia		Months X	
Married, Single or Widowed Single		Occupation Laborer		Days X			
Name of Wife or Husband X							
Father's Name Jemmy Jackson		166		Father's Birthplace Va.			
Mother's Maiden Name Martha Brown				Mother's Birthplace Va			
Name of person giving information Samuel Jackson				How related to deceased Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Guns hot-wound		How long X	
Immediate Haemorrhage		How long One hour	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. J. Pratt M.D.	
yes		Address Potomac Md.	
Accident or Suicide? Accident			



Name
in
Full

CERTIFICATE OF DEATH

Jerry Jackson

Town

County

MARYLAND

Died at *Seneca*

Date

of death *1903*

Month

12

Day

11

Age

Yea

60

Months

Days

Sex

Male

Color or
Race

Negro

Birth-
place

Occupation

Day labour

Where Residing if not
at place of death

Married, ~~Single~~

~~Widowed~~

Name of Wife or
Husband

Mary Jackson

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

166.

How related
to deceased

CAUSES OF DEATH

Primary

Gun Shot wound of head

How long

15 or 20 years

Immediate

Encephalitis

How long

Two weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

U. D. House M.D.

Address

Danville Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

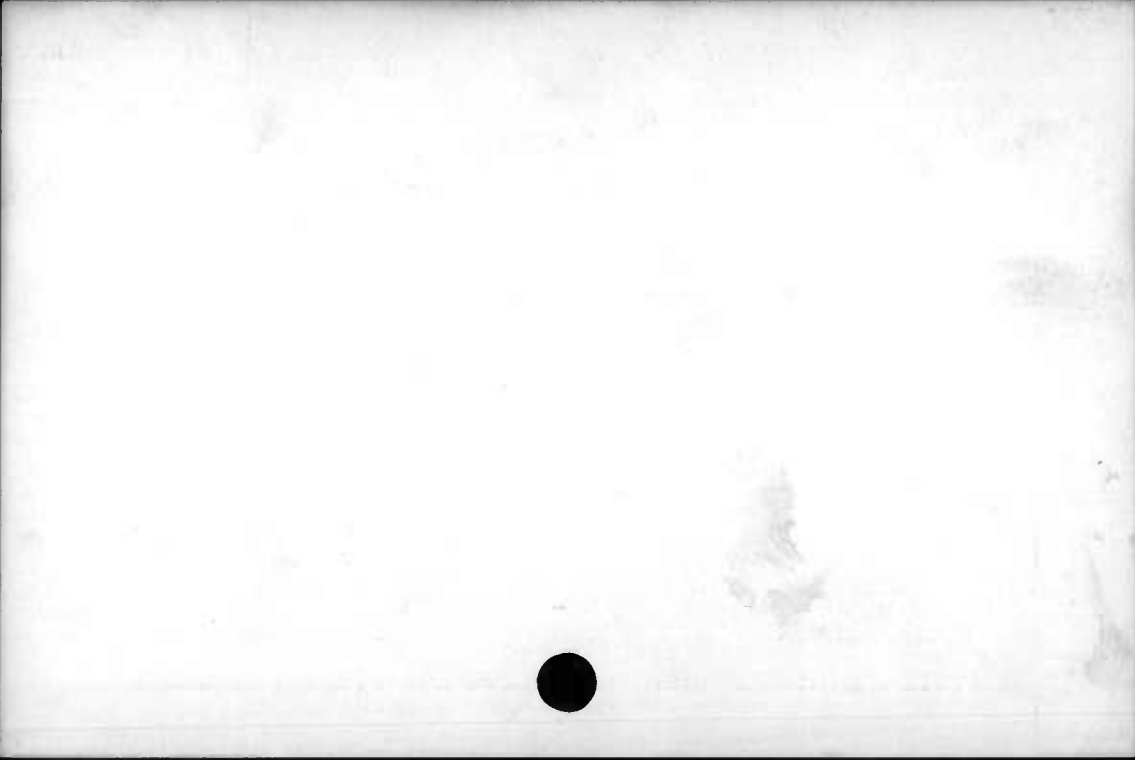
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Wheaton</i>		County <i>Montgomery</i>		MARYLAND	
Date of death 190	3	Month	<i>Dec</i>	Day	<i>23</i>	Age	<i>67</i>
Sex		<i>Male</i>		Color or Race		<i>White</i>	
Married, Single or Widowed		<i>Married</i>		Occupation		<i>None</i>	
Name of Wife or Husband		<i>Mary E. Jones (Neuablen)</i>					
Father's Name		<i>Lloyd Jones</i>				Father's Birthplace	
Mother's Maiden Name		<i>Hopkins</i>				Mother's Birthplace	
Name of person giving information		<i>Edgar Jones</i>				How related to deceased	
						<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Valvular Dis. Heart</i>	How long	<i>2 yrs</i>
Immediate	<i>Val Dis. Heart & Nephritis</i>	How long	<i>6 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Conquer Jones</i>
		Address	<i>Stunnington Md</i>
Accident or Suicide?			



Died at *Rocksville* ^{Town} *Rockville* ^{County} *Montgomery* **MARYLAND**
 Date 19*03* ^{Month} *Dec* ^{Day} *24* Age *2* ^{Y.} *14* ^{M.} *Red* ^{D.} *Red* ^{Native of} *Red* ^{Occupation}
 Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced ~~Number of children living~~

Husband *of*
 Wife
 Father's Name *William Ouley* Mother's Maiden Name *Alice Anderson*

Cause of Death { Primary *Pneumonia* Immediate *Pneumonia* *93*
 How long sick *2 days*
 Accident, Suicide, Homicide

Reported by *Rev H Davis*
 Address *Rockville* *MD*

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

Lawrence B. Pendleton

Died at Washington Gros Monte

MARYLAND

Date

of death 1903

Month

Dec.

Day

6

Age

63

Years

Months

Days

Sex

male

Color or
Race

white

Birth
place

spotylvania Va

Married, Single
or Widowed

Occupation

farmer

Name of Wife or
Husband

Magie L. Pendleton

Father's
Name

William Pendleton

Father's
Birthplace

Virginia

Mother's
Maiden Name

Do not know

Mother's
Birthplace

"

Name of person giving
In formation

Son

How related
to deceased

Son

CAUSES OF DEATH

Primary

Grip

How long

Eight days

Immediate

Pneumonia

How long

Eight days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

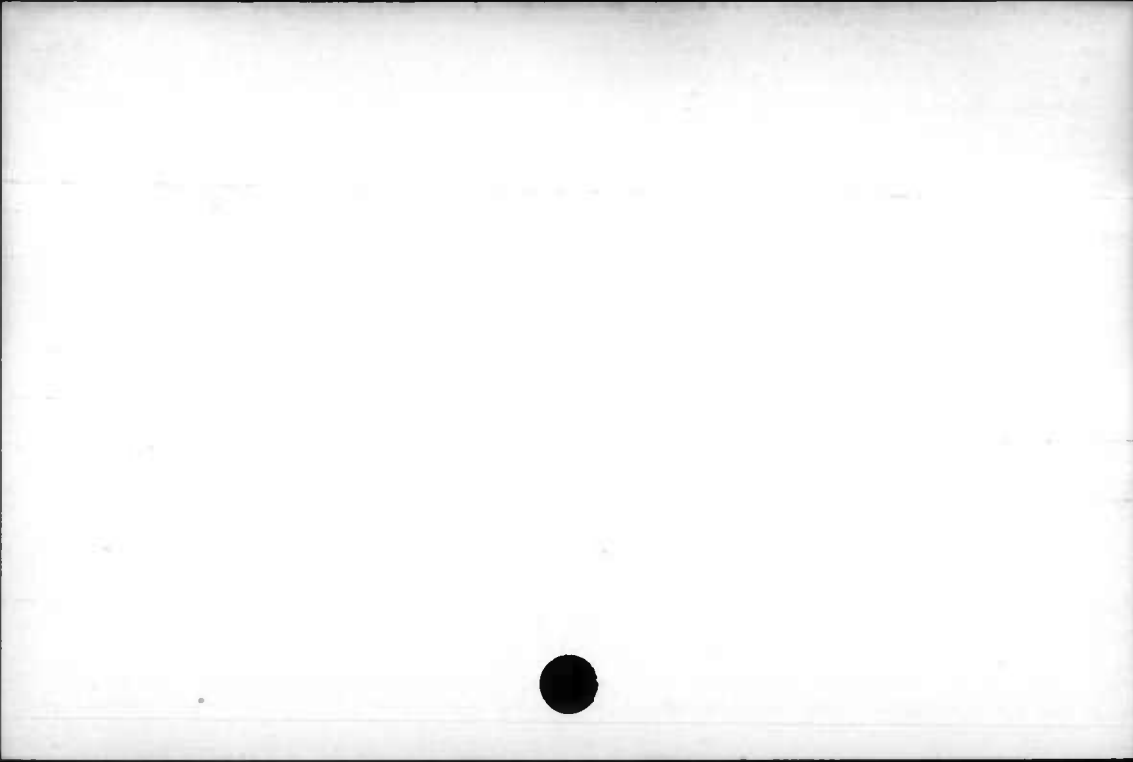
E. C. E. Hinson

Address

Gaithersburg

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Charles B. Robert's

CERTIFICATE OF DEATH

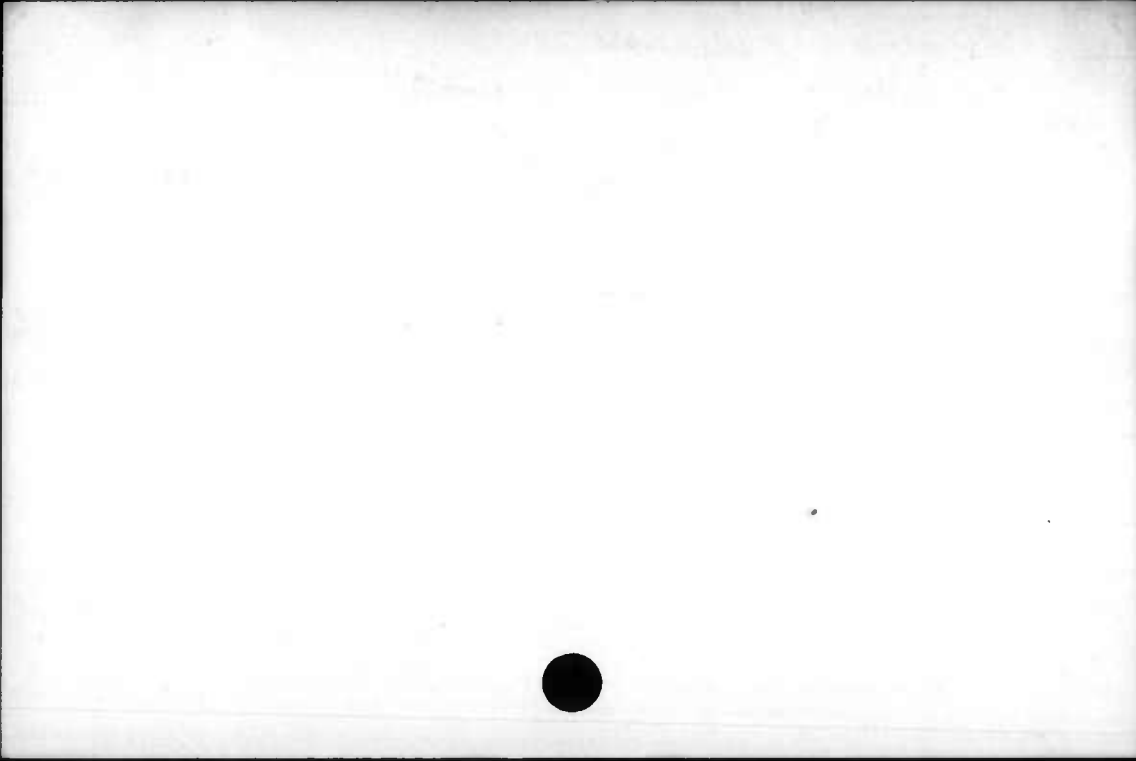
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 190	3	Dec	18	35	X	X	
Sex	Male		Color or Race	White		Birth-place	Reds Co. Md.
Married, Single or Widowed	Single		Occupation	Farmer.			
Name of Wife or Husband	X						
Father's Name	Jessie Robert's				Father's Birthplace	Balls Co. now Carver (1819)	
Mother's Maiden Name	Elizabeth King				Mother's Birthplace	66. Reds Co. (1824)	
Name of person giving information	Jessie Robert's				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	History of crushing blow on head 12 yrs previous causing deformity		How long	
Immediate	Paralysis		How long	3 days.
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	W. J. Pratt, M.D.
			Address	Poloma - Md.
Accident or Suicide?	X			



Name in Full

Certificate of Death

Clifford Lewis Spriggs

Died at ^{Town} Brinklow ^{County} Montg.

MARYLAND

Date ¹⁹⁰³ Dec. 17 Y. 8 M. 6 D. 20 Native of Brighton Occupation

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband
of

Father's Name Jeremiah Spriggs

Mother's Name Susan Spriggs

Cause of { Primary Lymphatic Tuberculosis

How long sick

2 years

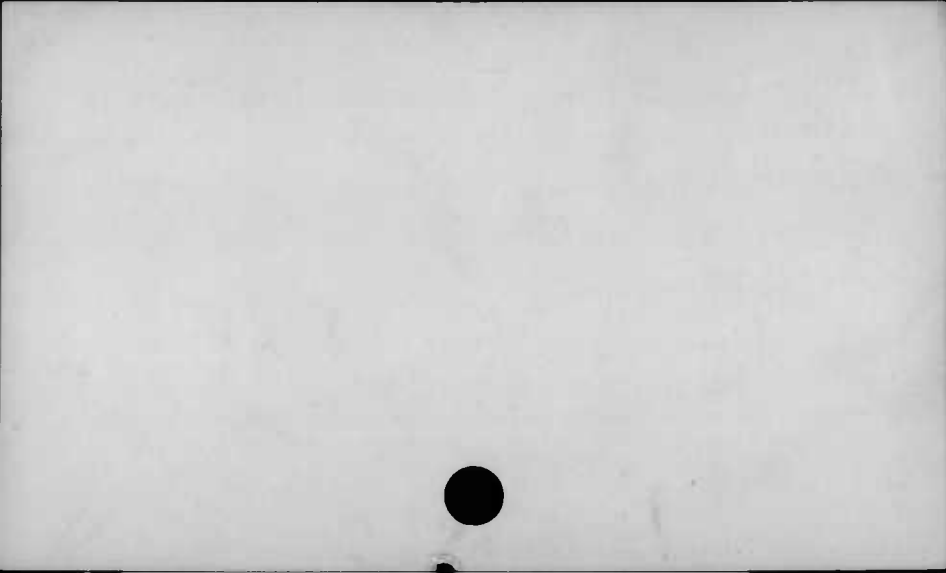
Death { Immediate Pneumonia

Accident, Suicide, Homicide

Reported by Augustabler

Address Brighton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Martha Ann Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Sand Spring</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Dec.</i>	Day <i>18th</i>	Age <i>56</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Montg. Co. Md.</i>	
Occupation <i>Housewife & washer.</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Benjamin F. Thomas</i>			
Father's Name <i>John Holland</i>		Father's Birthplace <i>Montg. Co. Md.</i>			
Mother's Maiden Name <i>Martha Ann Holland</i>		Mother's Birthplace <i>Montg. Co. Md.</i>			
Name of person giving information <i>George Howard Thomas</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary & Laryngeal Tuberculosis</i>	How long <i>About 2 years</i>
Immediate <i>Asthenia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. W. F. Green for H. O.</i>
	Address <i>Brooksville Md.</i>
Accident or Suicide?	



Name
in
Full

Sarah Vair

CERTIFICATE OF DEATH

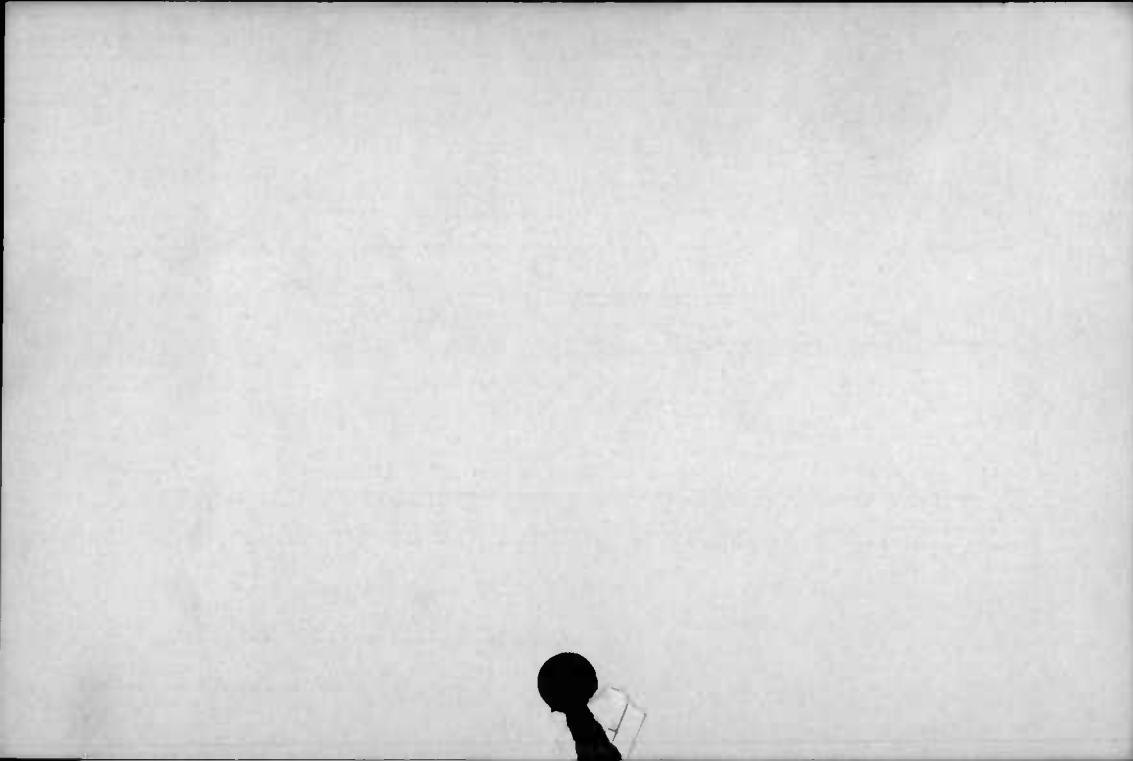
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Rockville</i>		Town <i>Rockville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Dec.</i>	Day <i>20th</i>	Age <i>80</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Montrose, Md.</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Near Rockville, Md.</i>						
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Edward Vair</i>						
Father's Name <i>Isaac Riley</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Sarah Middleton</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving information <i>Bell Vair</i>	How related to deceased <i>Daughter</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Influenza</i>	How long <i>One week</i>
Immediate <i>Pneumonia</i>	How long <i>Two & days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward Anderson M.D.</i>
	Address <i>Rockville, Md.</i>
Accident or Suicide? <i>No</i>	



Name in Full *Washington W White*
 Town *Queen Anne's* County *Maryland*
 Died at *Queen Anne's* MARYLAND
 Date 1903 12 13 Age 45-1-1 Native of *Ill* Occupation *Farmer*
 Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒
 Female ☒ Colored ☒ Single ☒ Widower ☒ Number of children living *1*
 Husband of *James*
 Wife *James*

Father's Name *Richard White* Mother's Maiden Name *May White*
 Cause of Death { Primary *Tuberculosis* How long sick *5 yrs*
 Immediate *Exhaustion* Accident, Suicide, Homicide

Reported by *J H Street*
 Address *Barnesville*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

True Copy



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